PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 2207/17041						
I hereby certify that this paper is being facsimile transmitted to the USPTO at (571) 273-8300 on.			In re Application of Sebastien Hily et al.			
			Application Number F 10/743,422		Filed December 23, 2003	
Signature			For A METHOD FOR AND TRAILING STORE BUFFER FOR USE IN MEMORY RENAMING			
Typed or printed name			Art Unit 2183 Examiner J.A. Petranek			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):						
		One month (37 CFR 1.17(a)(1))		\$	
		Two months (37 CFR 1.17(a)	(2))		\$	
	\boxtimes	Three months (37 CFR 1.17(a)(3))		\$ <u>1,020.00</u>	
		Four months (37 CFR 1.17(a	a)(4))		\$	
		Five months (37 CFR 1.17(a)(5))		\$	
	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown					
	above is reduced by one-half, and the resulting fee is: \$					
ш	A check in the amount of the fee is enclosed.					
	Payment by credit card. Form PTO-2038 is attached.					
	The Director has already been authorized to charge fees in this application to a Deposit Account.					
\boxtimes	The Director is hereby authorized to charge any fees which may be required,					
or credit any overpayment, to Deposit Account Number 11-0600.						
I have enclosed a duplicate copy of			this sheet.			
I am the applicant/inventor.				07 OFD 0 7		
assignee of record of the						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					·	
☑ attorney or agent of record. Registration Number <u>34,687</u>						
attorney or agent under 37 CFR 1.34(a).						
Registration number if acting under 37 CFR 1.34(a) WARNING: Information on this form may become public. Credit card information should not be						
included on this form. Provide credit card information and authorization on PTO-2038.						
September 20, 2007				/Shawn W. O'Dowd/		
Date					Signature	
(202) 220-4255					Shawn W. O'Dowd	
Telephone Number					Typed or printed name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Total of 1 forms are submitted						

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